

Racing Queensland Board trading as

Racing Queensland ABN: 80 730 390 733

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QLD JOCKEYS/DRIVERS SUPERANNUATION FUND ADVICE FORM

- This form is to be completed by the Jockey/Driver to advise a fund of their choice in accordance with the "Choice of Fund" legislation effective from 1 July 2005.
- NOTE: If you do not identify a fund, **Australian Super** will default as your nominated superannuation fund Please complete all details using BLOCK letters and black or blue pen.

Part A: Personal Deta	ails
Title:	
Surname:	
Given Names:	
-	
Address:	
State: _	Post Code:
Phone No (Work):	Mobile Phone No:
Date of Birth:	Tax File No (TFN):
Email:	
Part B: Nominated Fu	und
Enroll with Australian Super as your new Superannuation Fund? -OR- Details of Nominated Superannuation Fund (only complete if you haven't chosen to use Australian Super above) Name of Institution: Superannuation Fund Name: ABN, SPN or SFN Number (if known/provided): Member Account Name: Member Account Number:	
Part C: Bank Details	- Self Managed Super Fund ONLY
Bank Account Name:	SSB: Account Number:
Part D: Authorisation	
Signature:	Date:
Return via one of the following methods: Post: Racing Queensland, Email: ar @racingqueensland.com.au	

PO Box 63, Sandgate, QLD 4017 Attention: Finance Officer

Fax: (07) 3269 6404